

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIV.

WEDNESDAY, JULY 29, 1846.

No. 26.

DR. SILL'S DISSERTATION ON TYPHUS FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—In the proceedings of the Annual Convention of the Medical Society of Connecticut, a dissertation has been presented by Dr. Sill, of Windsor, giving his experience in typhus fever as it has occurred in his practice during the last fourteen years. When an author thus appears, with his experience and observation, for the benefit of his brethren and the good of the community, it is painful to be under the necessity of disagreeing with him, or opposing the sentiments advocated. Were it not for the decided conviction that this mode of practice, if it should be adopted by the young and inexperienced practitioner, especially in the early stages of typhus fever, would be fatal in its effects, we should have laid this pamphlet aside unnoticed.

Dr. Sill argues that the cause of all febrile disease is debility, and exhaustion of the brain and nervous system. Hence he states, as the most rational mode of treatment to be resorted to, even at the commencement of the disease, "To sustain the system, and increase its enfeebled powers, and by a prompt and uniform support, enable the system to react, and throw off diseased action." The author proceeds to state, that it is to the emphatic direction of Dr. Good, he firmly believes he has been more indebted for his success in the treatment of this disease, than to all or any of the elaborate treatises ever written on the subject. But how does Dr. Sill's treatment correspond with that recommended by Dr. Good, to whom he is so much indebted for his success?

Dr. Sill says, "I believe almost every case may be considered safe while there is no evacuation from the bowels. Emetics or cathartics I consider as rarely or never necessary."

Dr. Good says, "At the commencement of typhus the bowels ought by all means to be moved by gentle aperients, in order that no acrimonious material may be lodged there, and an emetic given when indicated. If we have good reason to believe that inflammation exists in an important organ, we must bleed and give drastic cathartics of calomel." The author further states, that if there is risk in the practice, there is death without it, and that the exhaustion of the sensorial powers thus produced, bears no comparison with that produced by the influence of the typhus miasm, acting as leaven through the system.

Dr. Sill states in the treatment, that the main indication is to excite

and support the powers of life, waiving all other considerations, by the indiscriminate use of opium and other stimulants.

Dr. Good says, opium appears to be of less use in typhus than in many other species of fever, and not entitled to the eulogies that have been bestowed upon it, and that the early use of general stimulants, in this disease, must be resorted to with great caution, for when once commenced they cannot be discontinued. He says, when given early to obviate the symptoms of exhaustion and debility, they produce the very symptoms they were designed to remedy.

Dr. Good says that under the influence of Dr. John Brown's theory, stimulants, wine and spirit have been given in enormous quantity. He further adds that the risk is great and the practice empirical. Dr. G. mentions a fact, so often noticed by others, that the disease often reverses its character and assumes an inflammatory type. An injudicious stimulating plan has often done this.

Sufficient, however, as a quotation from Dr. Good. We cannot but express our surprise that Dr. Sill should have quoted him for authority for his mode of practice, when, as we have shown, they are antipodes. While Dr. Good prescribes for symptoms as they occur, Dr. Sill can recognize but one symptom, and that debility; hence but one mode of treatment is required, and that support.

Dr. Miner, the pioneer of the stimulating practice in Connecticut, very justly remarks that "great discrimination is necessary in the treatment of typhus fever." "A most pernicious theory is this, that a patient is to be stimulated into health, or depleted into health, in the treatment of this disease." No one has written a better treatise on typhus fever than the late Dr. Nathan Smith, published in the *Medical and Surgical Memoirs* by N. R. Smith, 1831; and I venture to say, no practitioner in the State of Connecticut had a more extensive or successful practice, than this justly esteemed man. Still no author more decidedly condemns the early use of opium and other general stimulants indiscriminately, in treatment, than Dr. Smith. He states that "when the bowels are shut up too long, their contents become offensive to the intestines, and a diarrhea is more liable to follow, than it would have been had the bowels been evacuated by gentle laxatives." This corresponds with Watson's views on the use of purgatives.

If some practitioners have gone to the extreme on the one side, and made too free use of drastic purgatives, or the antiphlogistic plan of treatment, shall we take up the other side of the question, and with Dr. Sill say that purgatives are hardly if ever required in any case, and opium and general stimulants universally required in the commencement and in all stages?

Dr. Miner recommends a free dose of calomel, and mercurial alternatives, before commencing with opium and general stimulants; this the author thinks injurious. The doctrine mentioned in the dissertation that the patient is always safe, when there is no evacuation from the bowels, has a tendency to lead to troublesome constipation. The patient and friends are led to believe, that an evacuation, be it ever so natural in its

Dr. Sill's Dissertation on Typhus Fever.

consistence, would be the greatest calamity that could befall them. In cases under the care of those pursuing this mode of practice, hardened feces are allowed to accumulate in the bowels, during the period of *two, three, four, and even five weeks*, without any effort to assist nature in producing an evacuation. When the pain and irritation become so severe, that the patient can endure his load no longer, instruments are often required, to deliver the patient from the five week's burden.

But, says the author, the patient is safe; yes, safely delivered from an accumulation which in all probability has protracted the case for weeks, and in many instances laid the foundation for a troublesome disease in the rectum, during the remainder of the individual's life. Dr. Sill mentions that delirium has been present in all but two cases. I believe this is not so common in cases under the care of other practitioners; and I cannot but believe that his early and free use of the king of stimulants has had something to do in producing this symptom. I believe that opium, judiciously administered, is one of the best remedies that we possess in many cases of typhus fever, especially where the patient has previously been addicted to habits of intemperance. I believe in the beneficial effects of opium combined with ipecac., in moderate quantities, during the continuance of many cases of typhus; and where the bowels are affected with diarrhoea, it is universally required. But I protest against the indiscriminate use of the article, as recommended by Dr. Sill in the dissertation in the following quotation.

"To accomplish the main indication, there is no article of the *materia medica* more safe, more efficient, or more indispensable, than opium. In the early stages of the disease, to allay morbid irritability, and as the king of stimulants, it has its important place." "The *coma* is more easily overcome by opium, at short and regular intervals, than by any other remedy."

The following from Watson's Practice, page 840, expresses my own views, and those of nine-tenths of my medical brethren around me, as far as I am acquainted, on the subject. "One cause of *coma* in fever is the circulation of narcotic substances, such as opium, in the blood." Again, page 850, "In the use of opiates, if they are given inopportune, they are apt to puzzle and perplex the case. You do not know how much of the disposition to *coma* is owing to the disease, and how much is the consequence of the remedy." Again, "you may easily *augment* the natural tendency to *coma*, and lull your patient into a fatal stupor." One very important indication in the early treatment, is to restore, as far as possible, the natural glandular secretions. Opium is the last article in the *materia medica* that I should use as a remedial agent, to accomplish this object.

The cases of typhus fever that have occurred in this town, during my practice, for the last seventeen years, have varied materially in their symptoms, requiring different treatment according to the individual cases. In some seasons they have partaken more of the bilious diathesis, characterized by tenderness over the region of the liver and gall ducts, high colored urine, yellow tinge upon the skin and conjunctiva. These cases

have been most successfully treated by such articles as have a tendency to restore the natural secretions; ipecac, emetics, alterative doses of calomel and blue pill, followed by pulv. Doveri, or vin. ipecac. and black drop, &c. Cases of this description have borne mild evacuants well. General bleeding and drastic cathartics are rarely required. Leeching, cupping and blistering I have found very useful to relieve local pain and inflammation. During some seasons, the mucous membrane of the bowels has been more irritable than at others, requiring great caution in the use of laxatives, or the selection of such as have a specific influence over the mucous membrane, such as rhei combined with alkali. In other seasons, the pleura and lungs have been more affected, and most of the cases of typhus become what is called typhoid pneumonia. In these cases I have found laxatives, expectorants, blisters, cupping, leeching, poultices, fermentations, and, sometimes, general bleeding required. Cold affusions, and sponging the surface with cold water, I have found very beneficial. When death takes place from typhus fever, it is produced, either by disorganization of some vital part, or by exhaustion.

The early symptoms, indicating inflammation or disorganization, be it in the brain, pleura, lungs, kidney, spleen, mesenteric or Peyer's glands, must be early met by appropriate remedies, in order to save the patient from death, or, what is often worse, his existence as a miserable invalid during the remainder of life. At the same time the symptoms of exhaustion must be promptly met as they occur, by appropriate support.

This mode of practice corresponds with that of the most successful practitioners around me, with whom I have conversed. I have not noticed that typhus fever has been more common in this town than in the adjoining. It seems, in Dr. Pierson's practice in Windsor, that the average number of cases during the last thirty-five years, has been fifty a year. This, I have been informed by one of the most prominent physicians in Hartford, was a greater number of cases than had occurred in that whole city with its twenty physicians.

One word with regard to typhoid pneumonia. Dr. Sill says he has never bled a case, and never lost a case. He quotes from the notes of Dr. Elijah F. Reed, of this town, whose general treatment, he says, corresponds with his own. The success of this mode of treatment, according to the representation of Dr. Sill, has been very great. From March, 1816, to February, 1837, 21 years, he had had upwards of 500 cases of typhus fever, and 16 only proved fatal; 2 of these from relapse, 3 had taken drastic cathartics, and 2 were from 75 to 80 years of age.

I have before me a record of deaths in this parish, kept by Dr. Thomas Robbins, then pastor of the parish. I have been informed by two intelligent individuals, who have always resided here, were present during the epidemic, and personally acquainted with all the individuals mentioned, that they were all patients of Dr. Reed's. They are put down in the record as typhus fever; most of them, I suppose, were typhoid pneumonia. The following is an exact copy of the record.

Dec. 15th, 1815, Mrs. Ann Mills, typhus fever.

Jan. 12th, 1816, Theodore Anderson's child.

- Jan. 18th, 1816, Wid. Sarah Bancroft, typhus fever, aged 76.
 Jan. 22, Luther Goodell, typhus fever, 46.
 Jan. 28, Jonathan King, decline, 67.
 Jan. 29, Docia Goodell's child, typhus fever.
 Jan. 29, Wid. Eliza Verstille, typhus fever, 53.
 Feb. 1, Joel King's child, typhus fever, 1½.
 Feb. 3, Edward Thomas Charlton, rattles, 21.
 Feb. 8, Mrs. Elizabeth Reed, typhus fever, 81.
 Feb. 8, Mrs. Betsey Loomis, typhus fever, 44.
 Feb. 9, Mrs. Sophia Haskell, typhus fever, 30.
 Feb. 16, Hannah Grant, typhus fever, 22.
 Feb. 17, Sherman Everest, Esq., typhus fever, 41.
 Feb. 20, Mrs. Lucina Reed, typhus fever, 55.
 Feb. 21, Wid. Experience Loomis, typhus fever, 76.
 Feb. 24, Lavinea Praan, typhus fever, 28.
 Feb. 28, Wid. Priscilla Loomis, old age, 74.
 March 1, Mrs. Theodocia Tudor, typhus fever, 36.
 March 4, Nathan Higley, typhus fever, 79.
 March 7, Benjamin Loomis, typhus fever, 68.
 March 8, Moses Drake, typhus fever, 67.
 March 10, Alexander Stoughton, typhus fever, 66.
 March 12, Roderick King's child, worms, 1½.
 March 13, Mrs. Elizabeth Newbury, typhus fever, 51.
 March 21, Elizabeth Phelps, typhus fever, 48.
 March 25, Edward Dwight Everest, typhus fever, 6.
 April 1, Mrs. Mary Killam, typhus fever, 29.
 July 17, Warban Strong's infant child.
 August 22, Levi Skinner, drowned, 53.
 October 18, Prince Freeman's black child.
 Oct. 30, Mrs. Neoma Tudor, paralysis, 75.
 Nov. 26, Austin Drake, fever and strangury, 6.
 Dec. 13, Mrs. Susan Anderson, childbed fever, 27.
 Dec. 25, Mrs. Jerusha Wood, fever, 63.

Here we have a record of 23 fatal cases of typhus fever, or typhoid pneumonia, within a year, 2 of fever, and 1 of childbed fever. This, with a population of 800 inhabitants. The record states that two thirds of those that were much sick, died. A fair inference may be drawn from the above record, the accuracy of which no one will doubt, who is acquainted with the character of the Rev. Dr. Robbins. Within the last year the town of East Windsor has been divided. The old parish, to which we have referred, now assumes the name of South Windsor.

South Windsor, July 6th, 1846.

HORACE C. GILLETTE.

HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

DR. HENDERSON, who "within the last eighteen months or so, was professor of pathology in the University of Edinburgh" (*Med.-Chirur.*

Review, April, 1846), and is now a convert to the homeopathic doctrine, has addressed a letter to Dr. Forbes, the distinguished reviewer, criticizing his somewhat celebrated article entitled "Homeopathy, Allopathy and Young Physic," and advocating, at considerable length and with some assurance, the superiority and progress of the new system.

Dr. H., as might have been expected, takes advantage of his former position and views of medicine in his argument for homœopathy; advertising us of the uncertainty and dissatisfaction with which he practised the old system, and of the great advantages in these respects enjoyed by the new.

To the friends of homœopathy this accession will prove most acceptable; and the more so, as we may say with perfect justice that but few comparatively of the enlightened, distinguished members of the profession are enrolled among its numbers. Not only is there a vast majority of well-instructed physicians who treat it as a delusion, but at a time when the temptations are not few to embrace it, we so seldom hear of a physician of talent, erudition and worth abandoning his old associations, that such an instance as that of Dr. Henderson (about whom we know very little beyond the advertisement of his professional honors), is so rare as to render the circumstance and the individual at once notorious.

Leaving, then, the doctor to enjoy the enlargement of his fame, we notice briefly the doctrines themselves. In the *Homœopathic Examiner*, New York, Vol. I., No. 2, p. 100, we find the following. "All concur in the essential rule of the new school, and all adopt Hahnemann's dogma, that only one remedy should be administered at any one time, and all agree that his methods of selecting, preserving and diluting the remedies, are unexceptionable."

These are certainly not self-evident propositions, and they must therefore rest on the evidence adduced in their support. Will any one, then, not destitute of common sense, affirm that the fictions of medicine used by Hahnemann can under any circumstances affect the human system? I speak, for instance, of the "1000th part of a drop of the 30th dilution of aconite," which he affirms cures the most violent inflammatory diseases (see his *Materia Medica*, translated by Hempel). If any one, knowing the powers of the crude medicine, will allow his credulity to swallow such an enormous dose of absurdity as this, we should expect him to realize his folly only as in the case of any other hallucination.

Where, then, are we to look for the evidence to sustain this branch of the doctrine? If the experience of Hahnemann is to be set aside, upon whose testimony will the burden rest? Let it be remembered that upon this question of the efficacy of infinitesimal doses, the homeopathic family have unfortunately been divided. According to Dr. Hempel, one of the editors of the "*Homœopathic Examiner*," there is a "division in the ranks of homœopathists," and the "diverging members of the common family [are] as uncompromising opponents as are the adherents of Hahnemann and Galenus." (Vol. IV., No. 1, p. 5.) In an article in the same No., a physician who has been "twenty-seven years" in the homeopathic school, speaks of his triumphant successes with the "highest potencies."

"I have never been able," he says, "to effect much good in the treatment of hooping cough by the 6th or the 30th potency of *Drosera*. Ever since I have used one globule of the 200th potency, every case of hooping cough which has occurred in my practice has been speedily and easily relieved"—and he also says that Hahnemann informed him "that he had used the 600th potency of *Drosera* in a case of hooping cough, and the child came very near dying from the effects of the medicine." On the other hand, Dr. Gray, editor, also, of the "Examiner," repudiates much of this infinitesimal nonsense, contending for the occasional employment of "massive doses," and for the use of bloodletting. Dr. Ticknor, also, condemned the "high dilutions." (Hom. Exam., Vol. I., No. 11.) Other distinguished homeopaths might be named, together with Dr. Henderson, who say the "dynamizing" notions of Hahnemann are now abandoned.* Now the difficulty and the lack of proof of the fundamental principle, is this. Hahnemann lived long, practised successfully, and wrote much after discovering the *great fact* which has rendered him immortal. He affirms, on his own experience, the efficacy of the high dilutions, and if he erred here, all the recoveries happening under his observation were due to natural causes. If the experience of other men contradicts that of Hahnemann, and leads to the employment of the massive doses, which he condemned, we claim then all his apparent success to sustain the doctrine that nature rather than art is the grand agent in homeopathic cures. If they would avoid this conclusion, they must follow in his steps. And if they arrive in this way at the "200th or even the 2000th" dilution, they are but pursuing a legitimate career.

As to the exhibition of but one medicine at a time, we know not how it has become so incontrovertible a dogma. If experience is worth anything, it certainly sustains the opposite custom. What are most vegetable remedies but natural compounds?

We consider it a great objection to the pathogenesis of medicines, that it should have passed through the hands of one whom, although some would deify, others distrust. While the moderate homeopathist seeks to throw the mantle of charity over the absurdities and notions of Hahnemann which he cannot defend, let him consider that to this visionary genius he is indebted for much of that pathogenetic knowledge which ought to be unshaded by suspicion.

We cannot, however, at this time set forth a tith of the objections that might be urged against the doctrine. We would like to see an occasional exposure of their dissensions, inconsistencies and ultraisms, to contrast with their boasts of unity, stability and prosperity. We would like to have those who, in theory and practice, reject the ultra dynamizing doctrine, account to the world for the "brilliant results obtained by means of the highest potencies,"† whose "effects are sometimes instantaneous like a flash of lightning." These transcendental developments, so disgusting to common sense, show the inevitable tendencies of homœo-

* Those who do not admit the doctrine of dynamization, deny the soul of homœopathy.—
HENPEL.

† "The highest potencies commence at the 600th and run up to the 2000th."

pathy, and warn us of the dangers and delusions that erratic medical genius may inflict on the world.

July, 1846.

TYPHUS FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am about writing on a hacknied subject, and can offer nothing new; but as you have given us all an invitation to express our minds, I will relate my experience in the treatment of one of the most common and "formidable" diseases of New England.

I was induced to make the following observations, by reading an extract from Dr. Sill's Dissertation, in the Journal of June 24th, where the doctor has given his views of the pathology and treatment of typhus fever. I consider the protracted fevers, generally denominated typhus and typhoid, as belonging to the asthenic class of diseases, and that they are not so easily controlled in their career as has been represented by many, calling themselves physicians. According to the best of my observation, the principle or virus which constitutes this insidious disease is lurking in the system for days if not weeks before it brings the patient to submit to prostration on his mattress. I have seen no mode of treatment which would disinfect the system after the patient was sick enough to call upon a physician—with all deference to the experience and opinion of Dr. Sill. In a disease so prevalent, of such duration, and attended with so much danger, it certainly is an object of the highest consideration to the public, that physicians should be able to investigate and apply the most appropriate treatment under all its different aspects, in the great variety of constitutions which come under their care in practice. I believe that physicians are more uniform in their opinion in regard to the causes than to the treatment of the malady. There is no doubt that the atmosphere has a controlling influence in its operations over it in different seasons and sections of country, owing, probably, to different degrees of heat and moisture, or combinations of other causes which we do not so readily comprehend; but one thing is certain, it is much more malignant in its progress in some seasons than in others. We have reason to believe that exhaustion, caused by excessive application to business or the care of those who are sick, is a prominent predisposing cause of its attack. We see it generally make its appearance soon after the exhausting heat and labors of the summer, when people are emaciated and have had less sleep than at other seasons. When it once invades a neighborhood, it frequently lingers in tardy progress for twelve or more months before its unwelcome visit is terminated.

Having been in practice forty-five years in different sections of New England, my opportunity has led me to visit a large number of patients suffering under typhus fever, and to gain experience which would subdue prejudice itself. I have formed no opinion in haste, having paid critical attention to the operations and effects of the various medicines

which I have prescribed. I agree with Dr. Sill in regard to the general application of the reducing system, whether by phlebotomy, emetics, cathartics, or the administration of mercury: the latter medicine, I believe, has caused more fatality, indiscreetly given in this fever, than has been prevented by all other medicines. I have seen it administered without regard to age, sex, constitution, organ affected, or the stage of the complaint, with a murderous power which none but a Hercules could withstand.

I have not been so fortunate in prescribing stimulants as Dr. Sill, very few of my patients being able to bear tonics or stimulants of any kind with benefit during the first twenty or thirty days from the attack. After evacuations adapted to the circumstances of my patient, I have found some preparation of antimony and nitrate potass useful in the inflammatory stage of the complaint, and in some cases, from first to last, opium in some form or combination, indispensable, and in others entirely inadmissible, disagreeing with, and deranging the patient. I consider it impossible to prescribe for a patient correctly in a book, without an examination of his case, as constitutions are so various and antipathies in different individuals so strong.

In the autumn and winter of 1808-9, about forty patients came under my care laboring under typhus fever. It was a custom in those days, among physicians, to give wine, bark, snakeroot, and other stimulants to their patients, early in the disease; but from the inability of some of my first patients to procure wine, we dispensed with it, and they recovered. From that time I neither prescribed wine, bark, alcohol, nor any of the tribe of tonics or stimulants to my patients, until their fevers had formed a crisis and subsided. They were treated with mild sudorifics, epispastics occasionally, with regimen adapted to their appetites and period of disease, with an eye directed to the state of the bowels. They all recovered in due time without loose teeth, sore mouth, fetid breath, or cursing the doctor for past services. I have not seen fit to vary my treatment, materially, for that complaint since, preferring the course which has proved successful to the uncertainty of empiricism. In the above cases I gave no mercury with the intent to produce ptyalism, fearing its debilitating powers. As different organs in this disease, and sometimes by metastasis, are apt to be affected, it requires vigilance in the physician to make his applications to the right place.

Wilmington, July 15, 1846.

SILAS BROWN.

QUACKERY IN NEW YORK.—NO. III.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I might fill your pages beyond endurance, if I were to relate my adventures here among quacks of low degree, with whom I have met in my peregrinations through this modern Gotham. Allow me, then, to generalize, by enumerating only a few of the species of this genus, designating them as "Blow-pipe," "Mesmeric," "Magnetic," "Gal-

vanic," "Astrological," "Seventh Son," "Botanical," "Steam," "Cayenne Pepper," "Brandy and Salt," "Pawing," "Homeopathic," "Hydropathic," "Chrono-thermal," "Indian" and Negro quacks. Besides several hundreds of these of every shade of color, male and female, many of whom can neither read nor write, there are scores of "regular physicians," who for filthy lucre's sake lend themselves to these several impostures, and have reached the "lowest deep" of degradation by becoming the patrons of the most unprofessional delusions practised by the tribe, and participate in the craft and its gains. Surely such men must have sold their self-respect, under the influence of the maxim that money is "the chief end of man!" And yet they once ranked as members of a learned and liberal profession! "Oh Lucifer! how art thou fallen," should be engraven upon their seal, as their fitting motto.

But there is another tribe of no less extent here, who may be classified as the advertising quacks, the most flagrant of whom are the venders of pills, panaceas, catharticons, lotions, syrups, cordials, bitters, sugar candy, &c., all of which are vaunted as infallible cures for "all incurable diseases," fortified by certificates and affidavits from clergymen! physicians! and other male and female witnesses, all of whom say or swear that they have been cured by these remedies, though since the date of the documents, which is prudently omitted, many of them are in their graves, though their certificates are still published, having been stereotyped for the purpose.

One of the pill-makers has let out the secret of the fraternity, now that he has found the truth of the maxim that "every dog has his day," by declaring that it is no matter what the pills are made of, so that you *advertise* them enough. He says that he paid \$20,000 in one year for advertisements, chiefly in the penny papers, and that he sold \$60,000 worth of pills the next year. Acting on this maxim, it is said that there are quacks in this city whose advertisements in the newspapers cost them from three to ten thousand dollars annually, and who are reaping a rich reward. This is especially the case with the "sarsaparilla" remedy, which is now all the rage; and I have heard it estimated that the receipts of those engaged in vending this single article in this city, during the past year, have amounted to the aggregate of \$90,000! Very much of the syrup sold under this name is the veriest trash, being made of molasses and water with winter-green, and has not a vestige of sarsaparilla in it. And I need not say to your practical readers, what they all know, that even the best of it is worthless in most of the diseases for which it is prescribed; and that so inactive and even inert is sarsaparilla, that a greater quantity is necessary to produce medication of any kind, than can be concentrated in a bottle of any magnitude, which would be at all portable. A large proportion of this drug, moreover, found in the market, is positively inert, in any quantity.

Such, however, is the furor for swallowing it, that the manufacturers employ steam engines in its preparation, and these syrups and extracts of sarsaparilla are becoming among the chief exports from the commercial emporium, and a quantum suf. will soon be made here to supply all crea-

tion with physic for a century to come. Some of the "regular faculty" have been carried away by this speculation, and are now installed as superintendents of these sarsaparilla factories, and making their fortunes.

But I forbear to particularize any further, nor is it necessary, since the newspapers of the day are filled with the exhibition of these disgusting frauds upon the dear people, by those who thus glory in their shame. And I have now a word to say about the homœopathic, hydropathic and chrono-thermal quackery, for such I must regard all these, as I find them in this city, whatever they may be elsewhere. Of the first, it is sufficient to say that I have met with no one of the sect who does not use allopathic remedies, or who even pretends to adhere to Hahnemann or his doctrine. Many of them openly profess to practise both systems at the discretion of the patient, so that "all is fish that comes to their net." I speak now of physicians who have renounced their profession and become homœopaths. But I find a large proportion of this tribe who have no education of any kind, but have mounted this hobby in lieu of their proper trades, and now live by their wits.

Hydropathy is not yet much in vogue here as a distinct practice, for I have only come across one establishment, kept by a foreigner, whose pretty wife understands more about the language and the system than her husband, and if it had not been for my horror of wet sheets, I should have put myself under her care.

But what shall I say of chrono-thermalism, to which there is yet but one disciple here dispensing its mysteries. He is one of the "regulars," or was, for I fancy his quondam brethren will not longer recognize him, now that he has got upon this hobby, and become the fulsome panegyrist of Dr. Dickson, who, by the way, is the most impudent plagiarist in Great Britain. "*Periodicity*," forsooth, in health and disease, has been a discovery of this *savant*, though Hippocrates taught all that is now known upon this topic, after all the trumpeting of the celebrated Dr. D. and his followers. The only difference is that the father of physic found periodicity where it was and is, but Dr. Dickson finds it everywhere, as Dr. Hahnemann does the itch.

"He must have optics sharp, I ween,
To see what is not to be seen."

New York, July 22, 1846.

A PERIPATETIC AND COSMOPOLITE.

HOMŒOPATHY IN NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—On reading your valuable Journal of the 8th inst., I found an article headed "Quackery in New York." Your contributor, from among the multiplied forms of quackery in this great city, singles out two species—the use of Ramage's inhalers for the cure of consumption, and the consultation of clairvoyants in cases of disease. He likewise informed you that the practitioners, in both, believe in homœopathy. If he means by this to express surprise, that any who have knowledge in so

certain a science as homeopathia, should leave it for ways and means, at least so dubious, I agree with him; but if he means that finding one form of quackery, he necessarily finds its fellow—upon the principle that “birds of a feather will flock together”—then is he ignorant of a great universal law, and expresses an opinion without an idea of the subject—not an uncommon thing with modern writers.

From time immemorial it has been, and ever will be, that men will be found, leaving the obvious and certain roads to usefulness and knowledge, and seeking out by-paths and short cuts, with the same end in view—wanting, by nature, the perseverance essential to great achievements; or, lacking that early discipline that enables a man to bear the heat and burden of the day, and to toil without ceasing. Homeopathia and quackery are not of the same house.

The refuges of quackery are the mansions of ease, and its votaries lovers of ease; but homeopathia requires research, unwearied diligence, and much time to master the law in its varied application to disease. The principle that guides and governs the quack, lies in his nature. He shuns toil, and therefore he shuns homeopathy.

There will be men always found who will leave science because it demands investigation; close the book of reliable information, because it must be studied; turn their back upon truth, because they are essentially indolent; and wander off to seek for knowledge in the dreamy disclosures of a sleeping woman or a sleeping child.

There are those, undoubtedly, who pretend to be among us, who are not of us; and some who, I am sorry to say, believe with us, and for the reasons above stated plunge into the vagaries and mysticisms of mesmerism and clairvoyance. I deeply lament that such inconsistencies can be pointed to in our ranks. I would they could be weeded out as cumberers of the ground; but it is a part of their birthright, by nature—imperfection; a part of their political birthright—the untrammelled pursuit of individual enterprise.

HOMEOPATHIA.

New York, July 18, 1846.

ABSCESS OF THE ANTRUM MAXILLARE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—I herewith transmit to you an account of a case of the disease of the *antrum maxillare*, to which my attention was called some time ago. The treatment of these diseases very properly comes under the care of the dentist, and he should be abundantly qualified to undertake their treatment; but nevertheless, it is often the case that he is entirely ignorant of the first cause of the disease, as the present case will testify.

The *antrum maxillare* is very subject to inflammation and suppuration, caused by diseases of the neighboring parts. The natural mucus of these cavities accumulating, irritates and produces irritation for its own exit. The pain caused by the inflammation of the antrum is, in most cases, first taken for the toothache. Sometimes the eye as well as the

nose is affected, extending to the frontal sinuses in the forehead. At first the symptoms are not sufficient to distinguish the disease. Time will disclose the true cause of the pain.

But to the case. Some five months since, a gentleman called on me, wishing me to examine his mouth, stating that he had had for the last two months a violent pain in the upper jaw, extending at times to the forehead—also, that he had, within the two months, five upper teeth extracted on the side where the pain existed, by a dentist who assured him the cause was disease at the roots of the teeth. Still the pain continued, and on examination I found that the antrum was in a diseased state, so much so that with a common lancet I easily effected an opening inside of the lip. A large amount of matter was at once discharged, and the pain ceased. In a few days the matter again collected, and he had the same pain as before. Finding that I could not effect a cure by an opening in that place, I at once made an incision through the partition between the root of the alveolar process and the antrum, and then inserted a small tube of silver, which was kept there until the inflammation subsided, and an effectual cure was obtained. This was far the most preferable, for you are then sure of having an opening as long as wished for; and not only that, a better chance is thus obtained for the admission of the syringe, which should always be used in diseases of this kind.

Fairhaven, July, 1846.

J. R. DILLINGHAM,
Dental Surgeon.

MY FIRST PATIENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your Journal of late has had a good deal to say, pro and con, in relation to homœopathy; and while reading the same, I have often been reminded of the treatment of my *first patient*, the very first that I was ever called to, and for whom I took upon myself the responsibility of prescribing.

The following is the case. In the year 1832 I was residing in the family of a planter in Eastern Virginia. I had then just commenced the practice of medicine. Late one evening, Daniel, the dining-room servant, a stout, healthy negro, was taken very suddenly ill. His master being absent, I was invited in to see him. He was rolling upon the floor, twisting himself into every manner of shape, groaning, and seemed to be in great distress. His mistress, in the patient's hearing, asked me if I thought I could do anything for him. I told her I could relieve him. I went into another room, took a piece of wheat bread, soaked it in water, made two or three common-sized pills, and to give them the appearance of medicine, rubbed them over with soot from the back of the chimney, placed them upon the hearth before the fire, and baked them hard. I then went back to the patient, gave him the pills, and ordered him off to bed.

Next morning, before I left my room, I heard Daniel below, singing and

whistling, and apparently in a state of great happiness. As soon as I met him, I inquired after his health. He said he felt first-rate, that the pills cured him right off, that he never took any medicine in his life that did him so much good. He continued well, and during my stay in Virginia, Daniel often spoke of the great cure he received from the pills.

My success with my first patient was to me quite gratifying, and after that, I had a great many applications on the plantation for medicine and advice; but at that time I knew nothing of systems of treatment, had never heard of homœopathy, or allopathy, or any other pathy. This, as I have before said, was the first patient I ever had, and it did not occur to me upon what principle the cure was obtained. But while reading your Journal with its homœopathic cures, the suggestion has come into my mind whether Daniel was not cured upon the Hahnemann plan. The only medicinal substance in the pills, was the soot, and the quantity taken must have been *homœopathically* small, but whether *homœopathically* adapted to the patient's state, I do not know. That the disease was cured is certain, but upon what system of treatment I never inquired at the time. Any how, the instruction I received from the case has been valuable to me, and I have since in several cases with similar treatment had equal success, giving satisfaction both to patient and friends.

Now, Mr. Editor, I should be very happy if any of your correspondents, who well understand homœopathy, will inform us whether, in the above case, the cure was or was not a homœopathic one.

Boston, July 23d, 1846.

Yours, &c.

GEO. HUBBARD.

STATISTICS OF CONSUMPTION.

DR. THEOPHILUS THOMPSON gave a short report to the Medical Society of London, of some particulars which he had observed, during the last twelve months, as visiting physician to the Hospital for Consumption and Diseases of the Chest. The number of patients treated by him during the year was 760, of which 286 were phthisis in various degrees of advancement. Amongst 77 cases of advanced phthisis, 56 were men, only 22 women; but of the cases of incipient phthisis, the number of males and female was nearly equal—a fact leading to the conclusion that the apparent preponderance of the former was attributable to the unwillingness or inability of women to leave their homes under circumstances of advanced disease. He remarked on the importance of prolonged expiratory murmur, when unconnected with bronchitis or emphysema, as an early indication of phthisis, and a sign which, when once established, rarely disappears. He also particularly noticed, as a phenomenon of great interest and practical importance, the "inspiration saccadée" of some French authors—not the jerking respiration of spasmodic asthma, nor the interrupted inspiration of diffused pleurisy, but the division of the inspiratory murmur, as though the entrance of the air into the cells required several successive efforts. He had occasionally ob-

served this sign at the back as well as the front part of the chest. It sometimes disappeared under treatment; but there was reason to think it characteristic of a condition of the lungs which frequently immediately preceded, or accompanied, tubercular infiltration. It was remarkable, that of ten cases recorded during the year, the phenomenon had been in nine instances confined to the left side. He had, during the last twelve months, taken notes of eight cases in which a murmur was heard in the second intercostal space, on the left side only, and was probably referable to the pulmonary artery. In two of these patients, the murmur disappeared under the use of iron; but in most it was succeeded by more or less distinct manifestations of tubercular disease. He deferred any comments on cases of heart-disease, bronchitis, and other pectoral affections, and concluded by mentioning the results of his observations regarding cod-liver oil, which he had administered in 37 of the recorded cases. In 3, the medicine was discontinued in consequence of the distressing nausea which it occasioned; in 12, the reduction of strength appeared to be slightly retarded; in 12, there was no perceptible effect; in 10, the increase of strength, plumpness, and energy was remarkable. When the fattening process was established it generally became obvious within a fortnight. The author did not attribute to the oil any specific influence on the local disease; but believed it to be singularly efficacious in promoting nutrition. He had found it most useful to the pallid and phlegmatic, and, in private as well as public practice, had observed more decided amelioration under its employment than could be referred to any other remedial means with which he was conversant.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 29, 1846.

Treatment of White Swelling.—We have mentioned, on some former occasion, that the Legislature of Massachusetts recognizes no higher claim for services on the part of the most eminent surgeon in the State, than of a wood-sawyer who sets up for a medical and surgical adviser. The following case illustrates this state of things in courts of law. Those who happen to reside where the profession is actually appreciated for the services it renders to the community, ought to be thankful for their position. Again, in this trial, it will be seen that when doctors disagree, the question will no longer be propounded, who shall decide? A jury of twelve men, good and true, soon bring all disputed matters to a focus. Dr. Strong stood valiantly for his opinion, but Dr. Warren's reputation seems to have been heaviest in the balance.

Court of Common Pleas. Simon C. Hewitt vs. Bradford Lincoln.—This was an action to recover fifty dollars, for professional services rendered by the plaintiff to the defendant's son. The rendering of the services was not disputed; but the defendant contended that his son was unskillfully treated by the plaintiff, and injured by his practice. Drs. War-

ren and Strong were called by the defendant to testify that, in their judgment, the treatment of the patient was not judicious. Dr. Warren, however, said that there was a difference of opinion among medical men as to the best method of treating such a case, which was that of a white swelling, and that physicians of eminence and skill adopted the course pursued by the plaintiff. Dr. Strong did not agree with Dr. Warren, that this was a case of white swelling, but pronounced it to be a *synovial inflammation*, and the plaintiff's treatment unsuited to the particular stage of the complaint when the patient was under his care.

"The plaintiff's counsel concluded that the opinion of the witnesses, as to the mode of treatment adopted in this case, was a matter of little consequence; that the plaintiff had a system of practice peculiarly his own, in which he had had great success; and that it was a system entirely different from that practised by the defendant's witnesses. It was not to be expected that practitioners of different schools should approve of each other's practice. They all stood equal before the law, and here no school could set up its standard as the one to which others were bound to conform. If the plaintiff treated the patient properly, according to the principles of his own system, he was entitled to recover, however much that system differed from that of others.

"The court instructed the jury that this doctrine was true, so far as the practice of medicine was concerned; but that in surgery a different rule obtained; that there could be but one right method here, and that there must be some standard; that if the jury were satisfied from the evidence that the patient was skilfully treated, they would find for the plaintiff, otherwise they would find for the defendant."

"The jury returned a verdict for the plaintiff, for \$15."

Phillips on Scrofula.—Frequent notices have appeared of a treatise, just re-published at Philadelphia, by Messrs. Lea & Blanchard, bearing the title—"Scrofula: its nature, its causes, its prevalence, and the principles of treatment, by Benjamin Phillips," illustrated by an engraved plate. The book is an octavo containing 350 pages, arranged into eleven chapters, besides an appendix, made up chiefly of the reports of institutions in France, Germany, &c. When we commenced reading this work, it brought to mind some former thoughts in regard to the extensive influence which disease has over the whole family of man. Who has health? Who is not a perfect hot-bed, in which the seeds of death germinate sooner than in the earlier ages of the human race? These are grave questions, that obtrude themselves on one's attention when studying medical books. When we first began a course of professional reading, each book presented a new and more awful class of horrors; and what was alarming, was the discovery that we ourselves had either the elements or fully developed symptoms of every malady detailed in the library. Happily, we have survived the attacks of first impressions in youth; but new discoveries are constantly bringing to light keener, more subtle, and deeply concealed agents, which prowl through the blood, or are concealed in the tortuous recesses of the living frame, where they riot in security, beyond the ordinary ken of medical skill, till the fairest tabernacle of the soul on earth, unable to resist the enemy within, falls prematurely in death. But are we so extensively diseased as authors represent? If all

the statistical details by Mr. Phillips are strictly true, what child has not a scrofulous taint? Is there a dog in Constantinople, a rabbit in a gentleman's warren, or an orphan in christendom, supported in a charitable institution, that has not a scrofulous affection? Why, it is diffused as universally as the atmosphere, according to this learned production on *its nature, its causes, its prevalence, and the principles of treatment.*

Far be it from us to underrate the researches of physicians, or bring up objections to their labors; yet it is the province of common sense to oppose, with a proper reference to facts, the dogmas of one-idea authors as well as one-idea practitioners, both of which are of late increasing in number. In this work of Mr. Phillips, however, the whole ground passed over is of immense importance. He has searched the field to its remotest boundaries, and brought within the sphere of the student's vision, the fruits of a persevering inquiry into the nature of a disease very widely extended over the globe. That part of his researches meets our entire approval. Of its causes and principles of treatment, it is pretty certain that one man's opinion on that point, is about as good as another's, provided their opportunities and qualifications for forming that opinion are equal.

Licensing the Sale of Patent Medicines.—Under the operation of a late law of our State, which requires all pedlars, from the boy who sells penny papers in State street, to dealers in more costly chattels, it has entered into the thoughts of those whose province it is to carry all provisions for the public good into effect, that medicine mongers should pay for the privilege of retailing their phials of wrath. Whole warehouses are filled to repletion here, with an endless variety of manufactured stuff in the shape of pills, lotions, plasters, &c. &c., all of which are infallible remedies for every disorder to which we are incident. Great pamphlets are thrust under the doors of the inhabitants, which answer two important ends. First, they announce the locality where all panaceas are sold—followed by pages of certificates of tip-top clergymen, who have either been cured themselves, or somebody else has—and some of them have been relieved prodigiously by all the nostrums in turn. Second, they are used for lighting fires—and usually burn exceeding well. Why shouldn't the patent medicine venders pay for a license? They drive a brisk trade with fools, and can well afford to pay something into the public treasury for the privilege of imposing upon people with a bold face. Then, again, it would give an air of respectability to almost any kind of cheating, to be licensed according to law. What a revenue a tax upon patent pills would yield, in a single year, in the city of Boston! Why don't the Common Council seize upon the privilege delegated to them by the General Court, and assess an impost of one cent on every dozen boxes swallowed by the citizens, and in that way pay for the Long Pond aqueduct, instead of resorting to a loan of three millions of dollars in Europe?

London Lock Hospital and Dr. George Cooke.—From the Vermont Watchman the following article of intelligence is taken:

"Among the arrivals by the Britannia, we notice the name of the celebrated Dr. George Cooke, of Albany, N. Y. The doctor has been absent

for a few weeks to attend a festival in London. It will be seen, by the following notice of the meeting from the London Spectator, that the doctor's professional celebrity has won for him new honors."

"The friends, supporters and officers of the above excellent and useful establishment assembled yesterday at the London Tavern to celebrate the 100th year of their very laudable institution. His Royal Highness the Duke of Cambridge was expected to take the chair. The Hon. B. B. Cabell, V. P., acted as his substitute. About 150 persons sat down to an excellent dinner, which reflected great credit on the Stewards. The musical entertainment was entrusted to the best vocal performers, assisted by the choirs of St. Paul's Cathedral and Westminster Abbey. The usual loyal toasts—the army] and navy—having been drank, the health of the Chairman was proposed and responded to with much good feeling. General Cooke, of America, an invited guest, being chosen and elected one of the Life Governors of the Hospital, and invested with the Royal Medal, the health of this gentleman was toasted with great eclat, for which Dr. Cooke expressed his acknowledgments in an appropriate speech.' "

In some other publications reference is made to the arrival here of Gen. Sir George Cooke, M.D., LL.D., all of which is calculated to impress the reader with the idea that a vastly great man in medicine, of foreign origin, has taken up his residence in this benighted land. Not discovering this name in the medical catalogues of learned societies, either at home or abroad, we are about as much inclined to wonder why more notice has not been taken of a person of such diplomatic distinction, as Aunt Charity was in regard to the little Frenchman's wardrobe, so admirably related by Washington Irving in his *Salmagundi*.

Artificial Sea-water.—A new preparation has quite recently been introduced to the notice of the medical public, which is probably destined to work something of a revolution in the treatment of some diseases. Having been made acquainted with the process of preparing a chemical salt, the solution of which is really a close approximation to sea-water, we can say with an expression of confidence to those who desire to have a sea-water bath prescribed for them, that with this salt they actually possess the elements for its instantaneous manufacture. It is to be had at Redding's, 8 State street.

Heat at Mosul.—Azariah Smith, M.D., in the missionary service, has published, in the American Journal, an interesting series of observations on the meteorology of Western Asia. He states that the mercury in the thermometer, placed in the sun at noon, would always rise to 144 or 146 deg., at Mosul, near the supposed ruins of ancient Nineveh. Such of the inhabitants as are able, have rooms fitted up in their cellars, where they retreat in the middle of the day. The nights are uniformly spent on the roof—dew and rain being wholly unknown during the summer season. Contact with anything dry, communicates the sensation of heat. "The beds," says Dr. Smith, "seemed to have been just scorched with a warming pan; and stone floors appeared as if endowed with the power of generating caloric. Instead of being refreshed by the cooling sensation which a change of clothes ordinarily gives in the summer, the linen

taken out of our coolest wardrobes seemed always, on putting it on, to have come roasting hot from the mouth of some glowing furnace."

New Shower Bath.—Baths, at present, are very generally resorted to, both as a comfort and a luxury, and also as a remedy. A new kind of apparatus has just been introduced to notice, called Dr. Revere's Model Shower Bath, costing only eight dollars, which is referred to in an advertisement in this day's Journal.

Glanders in the Human Subject.—Two more deaths have recently been recorded in a daily paper, as occurring at Melton Mowbray—one being that of a groom who had tended a glandered horse, and the other that of the knacker who skinned the animal after it had been destroyed. Another party had been taken ill—it was feared of the same malady—but he is better. A pig, however, which had lain on some straw previously used by the glandered horse, had manifested signs of disease, and been destroyed.—*London Lancet*.

Medical Miscellany.—Dr. E. H. Davis, of Chillicothe, Ohio, assisted by a friend, is about bringing out a volume on the mounds of the West.—Dr. John Goodsir has been elected professor of anatomy in the University of Edinburgh.—More than six hundred members were present at the thirteenth session of the Scientific Congress of France, held at Rheims.—MM. Martin Solon, Louis and Guerard, have been appointed physicians at the Hotel Dieu; MM. Bouvier and Legroux at the Hopital Beaujon, and M. Blache at the Hopital des Enfants.—The mortality in the French hospitals of Algeria is on the increase. In the last quarter of 1845, there were more than a thousand deaths in the single province of Oran!—Dr. Green's address before the Massachusetts Medical Society, on the Factory System in its hygienic relations, appears in the transactions.—Dr. Fonderden, professor of Obstetrics in Washington University, Baltimore, has been elected physician of the Maryland Hospital, vice Dr. William Fisher, resigned.—Stoughton's elixir is said to be an alcoholic solution of the medicinal principles of wormwood, gentian, cascara and aloes.—The London Lancet gives to the fashionable water treatment of disease, the name of "water-death," instead of water-cure as called by its advocates.

To CORRESPONDENTS.—Dr. Dudley's reply to Dr. Ramsey, W.'s trial of homeopathic remedies, and J. W. S. on the "Curative Powers of Nature," have been received.

MARRIED.—At Albany, N. Y., Dr. R. S. McCurdy to Miss E. E. Severick.

DIED.—In Genesee, N. Y., Dr. George R. Perkins, of Toledo, Ohio, 33.

Report of Deaths in Boston—for the week ending July 25th, 68.—Males, 36, females, 32. Stillborn, 5. Of consumption, 7—intemperance, 4—dysentery, 3—disease of the bowels, 9— inflammation of the bowels, 4—cholera morbus, 2—diarrhoea, 1—measles, 3—bronchitis, 1—infantile, 5—convulsions, 1—typhus fever, 5—inflammation of the uterus, 1—cholera infantum, 8—suicide, 1—inflammation of the brain, 1—teething, 1—hemorrhage of the lungs, 1—lung fever, 1—debility, 1—disease of the heart, 1—dropsy, 1—marasmus, 1—inflammation of the lungs, 1—canker, 1—scarlet fever, 1—hip disease, 1—abscess, 1.

Under 5 years, 39—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 8—over 60 years, 1.

Statistics and Treatment of Insanity at St. Petersburg. By Dr. HERZOG.—The treatment and the general management of the unfortunate inmates of the Asylum for the Insane, in the Russian metropolis, appear to be conducted on the most humane and scientific principles. From the ample tables, it appears that here, as elsewhere, the bachelor is more liable to insanity than the married man; while, at the same time, the proportion of the insane is much greater in the higher and in the educated classes of society, than among shop-keepers and the artizans and laborers of a still lower grade. More than half the cases proved incurable. Of those who recovered, the great majority belonged to the lower classes; and complete returns to health were especially frequent among those individuals who, at an early period of their disorder, had disturbed the public peace, and had been in consequence transferred to the Asylum. The richer classes, of course, refrain as long as possible from placing their friends and relatives in such institutions, and continue to hope for a cure under imperfect treatment at home, till recovery becomes almost impossible. A full and lengthy account is given of the entire management of the institution:—"The female lunatics are chiefly busied in the household duties; while the males, during the summer months, are busily occupied with the hay harvest, and in winter, when the severity of the season confines them to the house, they manufacture thousands of pill-boxes, and articles in pasteboard, for the supply of the shops of the apothecaries. The more educated are occasionally employed in illuminating manuscripts, and some write to the dictation of others."—*British and Foreign Med. Review.*

UNIVERSITY OF NEW YORK.

THE Lectures in this Institution will commence on the last Monday of October, and continue four months.

VALENTINE MOTT, M.D., Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

JOHN REVERE, M.D., Prof. of the Theory and Practice of Medicine.

GRANVILLE SHARP PATTISON, M.D., Prof. of General and Descriptive Anatomy.

MARTIN PAYNE, M.D., Prof. of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery and the Diseases of Women and Children.

JOHN WILLIAM DRAPER, M.D., Prof. of Chemistry.

WM. H. VAN BUREN, M.D., Prosector to Prof. of Surgery.

WM. DARLING, M.D., Demonstrator of Anatomy.

The fees for a full Course of Lectures amount to \$105. The Student can attend one or more of the Courses, as he may be disposed, and pay only for the Lectures for which he enters. The fee for the Diploma is \$30. The Matriculation fee is \$5. The fee for admission to the Dissecting Rooms and Demonstrations is \$5.

The most ample opportunities for Clinical Instruction will be afforded to the Students of the University, and the facilities for dissection will be all that can be desired. The *materiel* is abundant and cheap. The dissecting rooms will be open on 1st of October.

The New York Hospital, 15 minutes walk from the College Buildings, is visited daily; and the Students have an opportunity of studying the various Medical and Surgical diseases of that Institution.

The Eye and Ear Infirmary, in which more than 1,400 patients are prescribed for annually, is open to the Students.

The University Surgical Clinique is attended every Saturday at the College Buildings by Prof. MOTT, and the University Students witness the various operations performed by the Professor. More than 600 patients, affected with every variety of malady, are brought before the Class during the session.

The University Lying-in Charity, under the charge of Prof. BXFORD, is ample in its arrangements. During the past five sessions more than 1,200 cases of Midwifery have been attended by the Students of the University.

In addition to these facilities for Clinical observation, there are the various Dispensaries and Charities of the city, containing not less than 40,000 patients, presenting every possible aspect and character of disease.

Excellent Board and Lodging can be had in the vicinity of the College for \$2.50 to \$3 per week.

The number of Students in attendance the last session was 407; and the Degree of Doctor of Medicine was conferred on 135.

N. B.—Students on arriving in the city, by calling at the College Building, 659 Broadway, and asking for the Janitor, will be conducted to Boarding-houses.

Any further information respecting the Institution can be had by addressing the Secretary, Prof. Draper, 655 Broadway.

By order, JOHN W. DRAPER, Sec'y.

New York, May 11, 1846. May 20.—epi Nov. 15.

